

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name NOAL AKINS

Full Address 270 HIGHWAY 30, OXFORD, MS 38655

Telephone 662-236-2473 (Fax) 662-832-1444

E-mail \_\_\_\_\_

Office Sought REPRESENTATIVE - DIST 12 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	0 + 200.00	\$ 200.00	\$ 200.00
Total amount of disbursements	1729.11 + 2431.09	\$ 4160.20	\$ 4160.20
Total amount of cash on hand		\$ 8875.29	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Noal Akins  
Signature of Candidate

JANUARY 20, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 20 2010

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate or Committee NOAL AKINS  
 Reporting period JAN 1, 2009 through DEC 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	<u>EDF (Economic Development Foundation)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>116109</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Oxford, MS 38655</u>	<u>11</u>	\$
Purpose of Disbursement (Optional)	<u>annual dues</u>	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	<u>NICOLE BOYD</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5122109</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>OXFORD, MS 38655</u>	<u>11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	<u>BOYS AND GIRLS CLUB</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>512109</u>	\$ <u>100.00</u>
City, State, Zip Code	<u>OXFORD MS 38655</u>	<u>812109</u>	\$ <u>120.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>220.00</u>
D. Full name	<u>JOHNNY MORGAN</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>618109</u>	\$ <u>145.31</u>
City, State, Zip Code	<u>OXFORD MS 38655</u>	<u>11120109</u>	\$ <u>133.80</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>279.11</u>
E. Full name	<u>UNITED WAY</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1215109</u>	\$ <u>400.00</u>
City, State, Zip Code	<u>OXFORD, MS 38655</u>	<u>11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>400.00</u>
F. Full name	<u>MARK ONE STOP</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12117109</u>	\$ <u>330.00</u>
City, State, Zip Code	<u>OXFORD, MS 38655</u>	<u>11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>330.00</u>